

**INSURANCE COMMISSIONER**  
**STATE OF WEST VIRGINIA**  
**ACCIDENT AND SICKNESS INSURANCE**  
**RATE FILING ABSTRACT**

**INSTRUCTIONS:** All questions must be answered; if no answer is applicable, enter the reason for such determination. USE A SEPARATE ABSTRACT FOR EACH POLICY FORM AFFECTED, OR FOR EACH PROPOSED PREMIUM RATE ADJUSTMENT. If this filing is a combination rate and form filing, the Form Filing Abstract Form ASA-F-2003 must also be completed. Is there a form filing which corresponds to this rate filing? Yes\_\_\_\_\_ No\_\_\_\_\_

**I. General**

1. Date Filed \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Part of Group: \_\_\_\_\_
3. Policy/Contract Affected: \_\_\_\_\_
  - a. Department ID Number: \_\_\_\_\_  
(If form has previously been approved.)
  - b. Form Number: \_\_\_\_\_
  - c. Date of Approval: \_\_\_\_\_  
(If over 2 years provide copies of all forms affected.)
  - d. Type of Policy: \_\_\_\_\_
4. Average Current and Proposed Premium Rate Levels - Indicate mode for each (i.e. monthly, quarterly, annually)  

Current Rate:	Single _____	Family _____
Proposed Rate:	Single _____	Family _____

**II. Data for new policy form - (Use separate sheets for response if necessary.)**

1. Indicate anticipated loss ratio and how calculated.
2. Describe how rates were determined indicating all calculations, formula and variables used and a general description and source of each assumption used.
3. Provide the policy form, applications and any riders or endorsements that may be attached to the base policy.
4. Describe the marketing method to be used for this form.

### III. Adjustments to Approved Rates – (Use separate sheets for response if necessary)

1. Provide rate sheets which compare revised premiums with current premiums at all benefit levels.
2. Provide all policy forms affected by this proposed rate adjustment if the forms have been in effect in West Virginia for more than two years.
3. Number of West Virginia policies in force in each of the last five years.

	# of Policies	% Change
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year 20_____	_____	_____
1st Prior Year 20_____	_____	_____

4. List all rate level changes for the last five years on the policy affected by this proposed premium rate adjustment.

a. West Virginia	Percentage Effective Date	Adjustment
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year 20_____	_____	_____
1st Prior Year 20_____	_____	_____

b. Countrywide	Effective Date	Percentage Adjustment
5th Prior Year _____	_____	_____
4th Prior Year _____	_____	_____
3rd Prior Year _____	_____	_____
2nd Prior Year 20_____	_____	_____
1st Prior Year 20_____	_____	_____

5. Provide the following information:

#### WEST VIRGINIA

#### COUNTRYWIDE

	Earned Premium (000)	Incurred Losses (000)	Earned Premium (000)	Incurred Losses (000)
5th Prior Year _____	_____	_____	_____	_____
4th Prior Year _____	_____	_____	_____	_____
3rd Prior Year _____	_____	_____	_____	_____
2nd Prior Year _____	_____	_____	_____	_____
1st Prior Year 20_____	_____	_____	_____	_____
Report Year 20_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

6. Provide a breakdown of losses associated with vintage policy years.

#### WEST VIRGINIA

<u>Written Policy Age</u>	<u>Earned Premium</u>	<u>Incurred Premium</u>	<u>Trended Losses</u>	<u>Developed Incurred Losses</u>
Over 4 years	_____	_____	_____	_____
3 Years	_____	_____	_____	_____
2 Years	_____	_____	_____	_____
1 Year	_____	_____	_____	_____

#### COUNTRYWIDE

<u>Written Policy Age</u>	<u>Earned Premium</u>	<u>Incurred Premium</u>	<u>Trended Losses</u>	<u>Developed Incurred Losses</u>
Over 4 years	_____	_____	_____	_____
3 Years	_____	_____	_____	_____
2 Years	_____	_____	_____	_____
1 Year	_____	_____	_____	_____

7. A. Provide a breakdown of the percentage of earned premium associated with each of the following areas of cost:

Commission and brokerage	_____ %
Taxes, License, Fees	_____ %
General Administrative	_____ %
Risk Retention	_____ %
Profit	_____ %
Other (describe)	_____ %
TOTAL EXPENSES	_____ %

B. Indicate minimum loss ratio for this type of policy.

8. Address in narrative form the following requests for information:

(a) Explain trending methods used. Provide trended loss data (by significant loss category) and provide a clear explanation of the trending methodology and mathematics. Provide all formulas and calculations used in formulation of the trended data.

(b) Explain the manner in which credibility of data is considered in your rate making process. Show all formulas, applications and methodology used to formulate credibility measurements.

(c) Explain your indicated rate level. Provide all mathematical formulas and calculations which show the complete delineation of the method used to calculate the indicated rate level.

(d) Explain the manner in which investment income is considered when a final rate level is selected. Provide a complete breakdown of the formulas, variables and methodology used to calculate investment income yield. Further, the weighted average investment income yield earned on reserves for the five years prior to the proposed effective date of new rates.

9. Was any consideration given to mitigating the proposed rate adjustment through benefit restructuring? If not, why not? If so, describe benefit changes proposed and effect on rate adjustment.

10. What is the average age of the policyholder group affected by this filing?

11. Are losses reported on a calendar year or policy year basis?

12. Describe the stop loss provisions of the policy affected by this filing.

13. The amount of Annual Earned Premium entered in Question III 6 of this Rate Filing Abstract accounts for what proportion of the total annual written premium on a countrywide basis for this particular policy/contract? Please be specific in both total dollars and percentage-proportions in West Virginia:

14. Has this proposed premium rate adjustment filing been submitted to any other state insurance departments? If "yes", give specific information as to which states, when filed, each state's proportionate share of the total annual written premium for this particular policy/contract, the status of said filing in each state, and any other pertinent information which may be helpful in our review. Please attach additional sheets if more space is needed.

15. Section 16-29B-24(b) of the Code of West Virginia of 1931, as amended, requires that a copy of any rate and/or coverage filing must be submitted to the West Virginia Health Care Cost Review Authority, West Virginia Department of Health, on or before such filing is submitted to the Insurance Commissioner. Please enter the date on which a copy of this filing was submitted to said Authority:

**CERTIFICATION:** I hereby certify that the information contained in this Rate Filing Abstract is true and correct to the best of my knowledge and belief.

(Signed)\_\_\_\_\_

(Title)\_\_\_\_\_